








Helping Injured Workers Heal and Return to Work

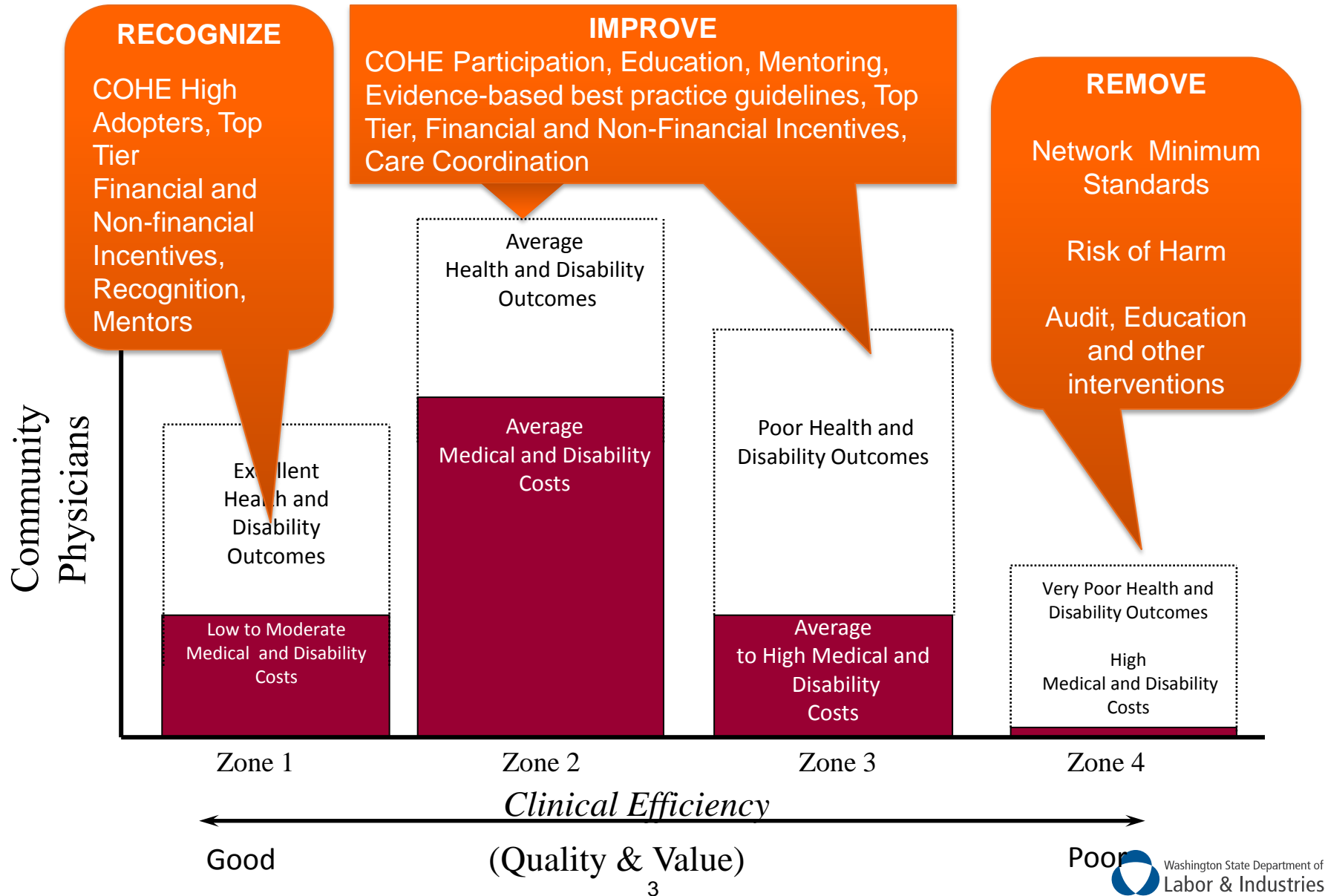
***L&I Quality Purchasing Vision
April 23, 2015 ACHIEV***

Helping Workers Heal and Return to Work

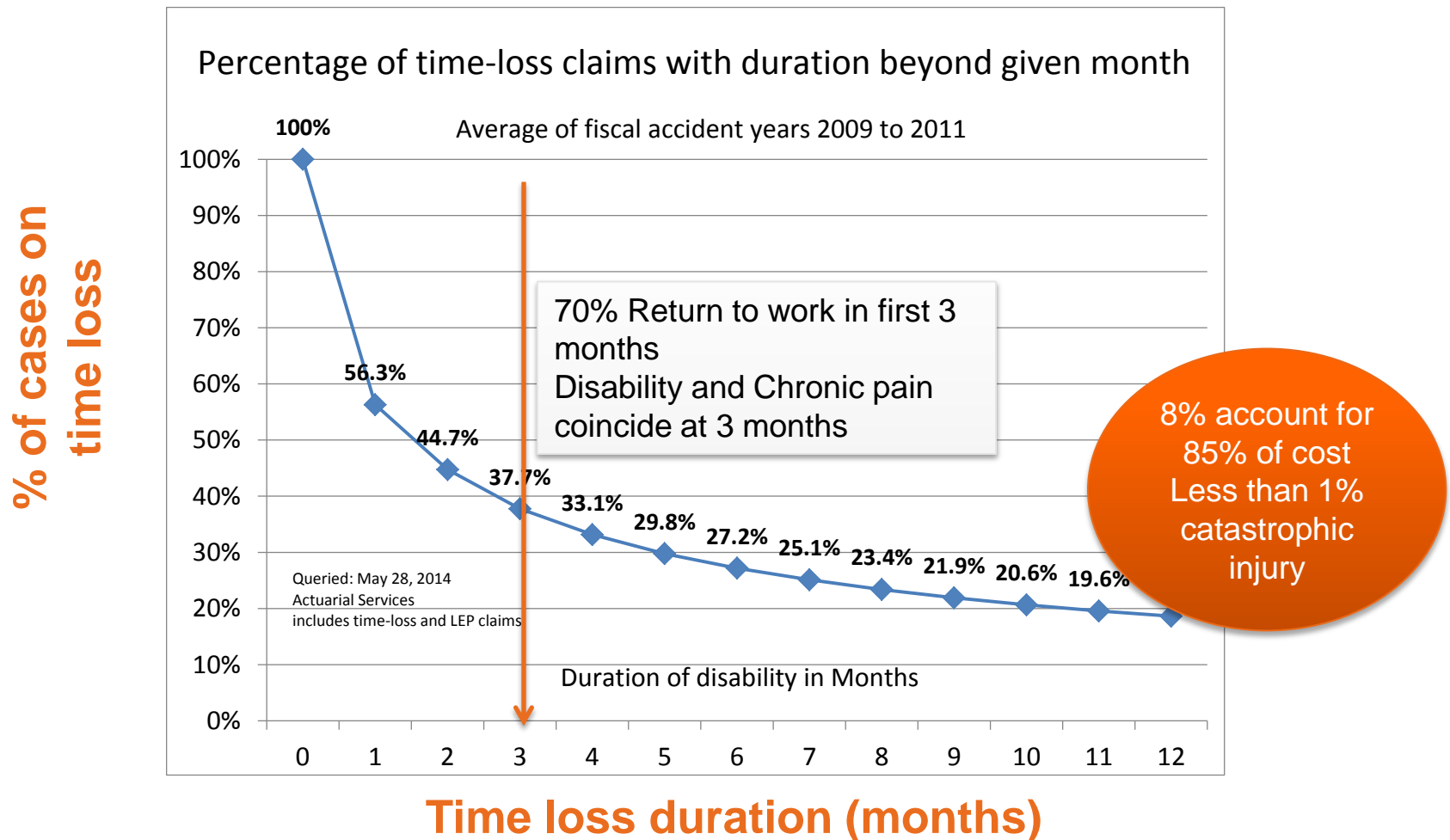
Status	Focus Area	Key Indicator	Baseline 2012	4th Qtr 2014	Target by June 2015
	Overall indicator	Decrease number of long-term disability (LTD) claims	436 claims (out of every 10,000 accepted claims)	425 claims (out of every 10,000 accepted claims)	377 claims (out of every 10,000 accepted claims)
	Culture of return to work	Increase return to work in 6 months	812 (out of every 1,000 new TL claims)	811 (out of every 1,000 new TL claims) 2014Q3	840 (out of every 1,000 new TL claims)
	Reduce preventable disability	Decrease time-loss persistence from three to six months	70.9%	69.3%	62%
	Collaborate to Reduce system delays	Decrease average days of time-loss paid at three months <i>from the first time-loss payment.</i>	56.1 days	56.9 days	54 days

	green	making progress towards target
	yellow	not making consistent progress towards target
	Red	moving consistently in wrong direction

Distribution of Quality of Care

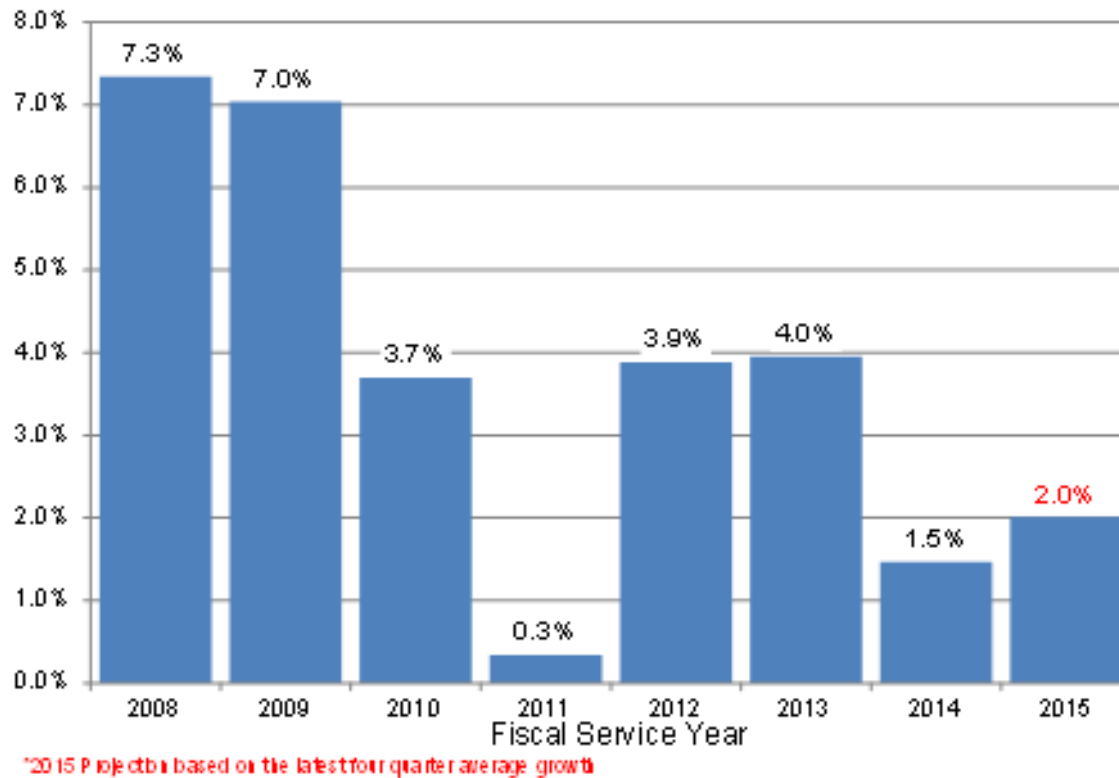


Disability Prevention is the Key Health Policy Issue



2014 L&I Actuarial Services Analysis (for fiscal accident yrs 2009-2011).

L&I Annualized Medical Cost Trend



CONSULTANT ANALYSIS -BACKGROUND

- × L&I is formalizing Quality Purchasing Vision for next five years
 - + 2011 Reforms and current cost trends, Health Care Market Changes (ACA), WA state collaborations
- × Consultant Team: Point B, Marsh and Mercer
 - × Project Manager: Geoff Kohles
 - × Health Care Lead: Beth Dupre
 - × Senior Consultants: Jeff Thompson, Steve Hill, Randi Urkov, Karen Thompson, Annette Sanchez, Dan Patterson, David Abbene, Karen Curtis

CONSULTANT ANALYSIS- SCOPE

Quality
Purchasing
Strategies



× L&I Current State and Market Opportunities

1. **Purchasing for Quality**: Identify L&I current purchasing strategies and market strategies for improving care, reducing harm, and paying fair value for high quality of care.
2. **Network and Program Access**: Identify current access within L&I network and programs and identify market access standards.
3. **Market Rate Comparison**: Identify current reimbursement rates for a core set of L&I services and how that rate compares to other payers.
4. **Monitoring health care costs and program outcomes**: Identify current L&I and market based measures, reports and dashboards used to track, analyze and manage health care costs, program outcomes and utilization.
5. **Provider Resources**: Identify L&I and market based provider engagement and resources deployed to maximize participation in programs and improve quality of care provided to injured workers.

L&I Health Care Quality Expansion Vision

1. Set Minimum Standards

- Medical Provider Network and Risk of Harm

2. Incentivize Collaborative Model and Occupational Best Practices

- COHE Expansion
- Top Tier
- Evidence based treatment guidelines

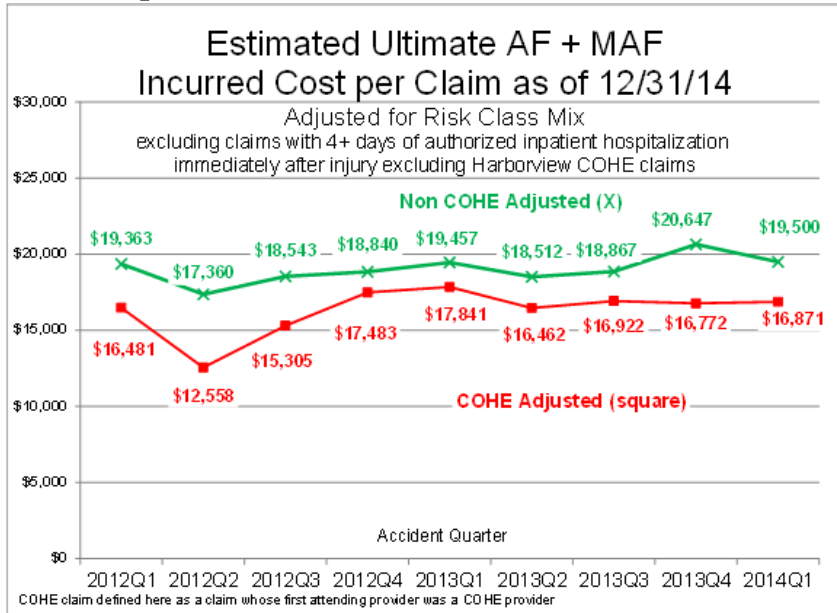
3. Promote/Identify Evidence Based Policies and Practices




- Evidence Based Treatment Guidelines
- Functional Recovery Questionnaire/Intervention
- Activity Coaching
- Surgical Best Practice

4. Identify areas of ongoing need for system innovation

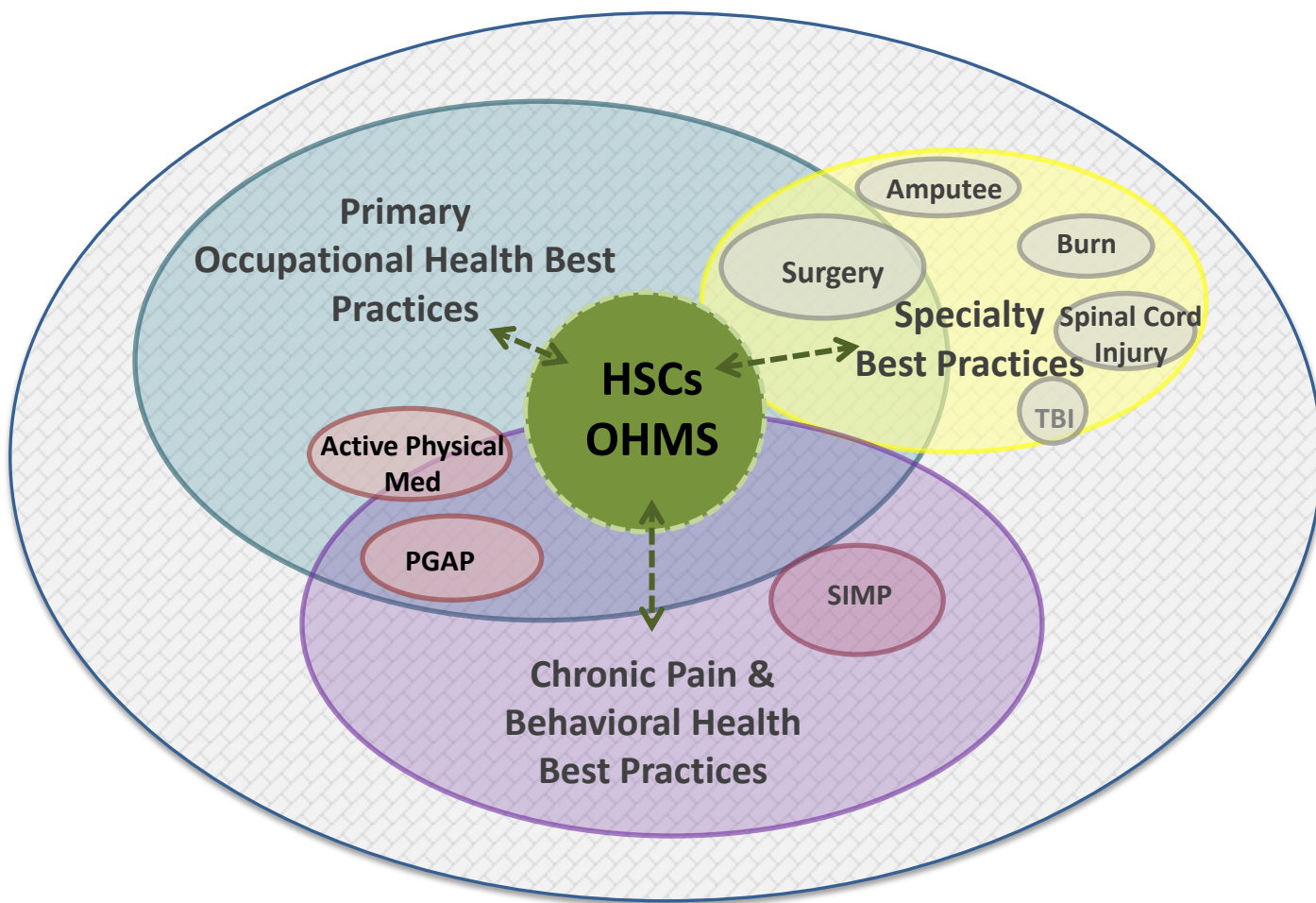
- Behavioral health
- Long term disability/Chronic pain

Results: Collaborative Model and Using Occupational Health Best Practices



Status	Focus Area	Key Indicator	Baseline 2012	4th Qtr 2014	Target by June 2015
	Reduce preventable disability	Decrease time-loss persistence from three to six months	70.9%	69.3%	62%
	Occupational health best practices	Percent of initiated claims seeing a COHE provider	31%	43%	50%
	Effective pain management	Percent of claims received with opioids 6-12 weeks from injury	4.9%	1.1%	NA

Collaborative Model Using Best Practices



Collaborative Model with Occ Health Best Practices

	COHE	Top Tier	Specialty Services
Core Occ. Health Model/System (<i>Community and Organizational leadership, Mentors, Information systems</i>)	✓		
Core Occ. Health Best Practice (BP) Cluster (<i>Assigned coordination, timely and complete ROA, APF, Barriers to RTW, Conference and Plan, Functional measures, PGAP, standard work/defined handoffs and plan, follow EBM guidelines</i>)	✓	✓	
Surgical Best Practice Cluster (<i>Core Occ BP, Min DAW; Access timelines standards, documented RTW plan, Warranty and Bundle Purchasing</i>)	+	+	✓
Chronic Pain and Behavioral Health Collaborative Care Services (<i>Stepped care; regular consult with behavioral and/or pain expert; brief interventions; functional measures, EBM pain interventions</i>)	+	+	✓
Structured Multidisciplinary Pain Evaluation and Program	+	+	✓
Opioid Prescribing Best Practice Cluster (<i>Guideline compliant; functional measures; coordinate dose info.; taper and dependence</i>)	✓	✓	✓
Structured Physical Medicine Best Practice Cluster (<i>Core Occ BP; standard referral criteria; active treatment; stepped care w/goals; fx measures</i>)	+	+	✓
Catastrophic Services and Centers of Excellence (<i>E.g. Chemical Illness; Catastrophic Burn, TBI, Spinal Cord Injury, Amputee, Multiple Trauma; enhanced case management, discharge and life plan</i>)	+	+	✓